

AMENDED IN ASSEMBLY JUNE 24, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

Assembly Concurrent Resolution

No. 77

Introduced by Assembly Member Mark Stone

(Coauthors: Assembly Members Gatto and Lackey)

(Coauthors: Senators Beall, Monning, Nguyen, Pavley, and Vidak)

May 20, 2015

Assembly Concurrent Resolution No. 77—Relative to California
Early Intervention Services Act.

LEGISLATIVE COUNSEL'S DIGEST

ACR 77, as amended, Mark Stone. California Early Intervention Services Act.

This measure would recognize that every child who needs comprehensive health and early intervention services and supports in order to achieve his or her developmental potential *should* have those services easily accessible, sufficient, responsive, timely, and of high quality. The measure would further urge the Legislature to leverage existing efforts and statutes to ensure an accountable, results-oriented, and coordinated network of resources in order to provide multidisciplinary early identification and intervention services and supports to California infants and toddlers.

Fiscal committee: no.

- 1 WHEREAS, The period between a child's birth and third
- 2 birthday is a time of intense and ongoing development across the
- 3 cognitive, motor, language, and social-emotional domains; and
- 4 WHEREAS, Positive health and learning outcomes depend upon
- 5 children continually building new skills and abilities along a

developmental trajectory of incremental milestones that begins at birth; and

WHEREAS, The Legislature passed Assembly Concurrent Resolution 155 in 2014 in recognition that ~~“research~~ *“[r]esearch* over the last two decades in the evolving fields of neuroscience, molecular biology, public health, genomics, and epigenetics reveals that experiences in the first few years of life build changes into the biology of the human body that, in turn, influence the person’s physical and mental health over his or her lifetime”; and

WHEREAS, Adversity during the early years can impair development, and has a cumulative impact, with children exposed to maltreatment and additional risk factors facing increased likelihood of having one or more delays in their cognitive, language, or emotional development; and

WHEREAS, Unaddressed developmental delays and disabilities result in persistently impaired learning and health outcomes for children; and

WHEREAS, It is estimated that one in four California children have moderate or higher risk for a developmental delay, such as speech or language impairment, and that nationally one in every 68 children were affected by autism spectrum disorder in 2014; and

WHEREAS, Latino and African American children are more likely to experience barriers in accessing early identification and intervention services; and

WHEREAS, The Legislature has previously established through the California Early Intervention Services Act, in Section 95001 of the Government Code, that ~~“there~~ *“[t]here* is a need to provide appropriate early intervention services individually designed for infants and toddlers ... who have disabilities or are at risk of having disabilities, to enhance their development and to minimize the potential for developmental delays”; and

WHEREAS, The California Early Intervention Services Act additionally established that ~~“early~~ *“[e]arly* intervention services for infants and toddlers with disabilities or who are at risk of having disabilities represent an investment of resources, in that these services reduce the ultimate costs to our society, by minimizing the need for special education and related services in later school years... ~~[and that]~~ *years and . . . [that]* maximize the potential of

1 the individuals to be effective in the context of daily life and
2 activities;²² *activities*"; and

3 WHEREAS, Early intervention services include targeted health
4 and education supports for infants and toddlers who have delays
5 or are at risk of having delays, in order to enhance their
6 development, improve school readiness, and minimize the potential
7 for later challenges; and

8 WHEREAS, The California Early Intervention Services Act
9 previously established that "the earlier intervention is started, the
10 greater is the ultimate cost-effectiveness and the higher is the
11 educational attainment and quality of life achieved by children
12 with disabilities"; and

13 WHEREAS, Experts like the American Academy of Pediatrics
14 recommend routine, regular, *and* formalized developmental and
15 behavioral screening for all infants and toddlers as the most
16 effective way of identifying children in need of supports and
17 services; and

18 WHEREAS, Fewer than one-third of California infants and
19 toddlers received the recommended developmental and behavioral
20 screenings according to 2011–2012 parent reported data; and

21 WHEREAS, ~~forty-one~~ *Forty-one* percent of parents report
22 having one or more concerns about their children's physical,
23 ~~behavioral~~ *behavioral*, or social development; and

24 WHEREAS, Nearly three out of four California children with
25 special health care needs under three years of age do not receive
26 early intervention services they could benefit from, and the 2012
27 annual report for California's Early Start program shows that it
28 serves fewer infants and toddlers with early intervention services
29 than the national average; and

30 WHEREAS, A system of universal developmental and
31 behavioral screenings should work hand in hand with a robust
32 early intervention system, and should be linked by facilitated
33 family-focused referral, care coordination, child-centered health
34 homes, and information-sharing mechanisms to guide and support
35 families while maintaining accountability; and

36 WHEREAS, The California Early Intervention Services Act
37 previously established that "the State Department of Developmental
38 Services, the State Department of Education, the State Department
39 of Health Care Services, and the State Department of Social

1 Services coordinate services to infants and toddlers with disabilities
2 and their families”; and

3 WHEREAS, The California Early Intervention Services Act
4 additionally established that “families be well informed, supported,
5 and respected as capable and collaborative decisionmakers
6 regarding services for their child”; now, therefore, be it

7 *Resolved by the Assembly of the State of California, the Senate*
8 *thereof concurring*, That every California child deserves periodic
9 formal assessment of his or her development for the purposes of
10 introducing supports and services if needed; and be it further

11 *Resolved*, That every child who needs supports in order to
12 achieve his or her developmental potential deserves that those
13 services be easily accessible, sufficient, responsive, timely, and
14 of high quality; and be it further

15 *Resolved*, That every parent or caregiver shall be fully engaged
16 and supported throughout early identification and intervention
17 processes; and be it further

18 *Resolved*, That the Legislature leverage existing efforts and
19 statutes to ensure an accountable, ~~—results-orientated;~~
20 *results-oriented*, and coordinated statewide network of resources,
21 services, systems, and strong local infrastructures, in order to
22 provide family-centered, comprehensive, *and* multidisciplinary
23 early identification and intervention services and supports to
24 California infants and toddlers; and be it further

25 *Resolved*, That the ~~Legislative~~ *Legislature* shall support and
26 promote community-driven efforts to coordinate referrals and
27 linkages between, and guide families through the complexities of,
28 the early identification and intervention systems, through programs
29 and models such as Help Me Grow California; and be it further

30 *Resolved*, That the ~~Legislative~~ *Legislature* invest sufficiently in
31 comprehensive health and early intervention services and supports
32 in order to ensure that they meet the health and learning needs of
33 California’s diverse child population, and wisely harness
34 governmental and other resources toward these common goals;
35 and be it further

36 *Resolved*, That these services and supports build upon existing
37 efforts, and be embedded and accessible from the places and people
38 that families know and trust, including pediatric practices and other
39 health settings, community-based organizations, regional centers,

- 1 Early Head Start programs, First 5s, and other local early childhood
- 2 programs; and be it further
- 3 *Resolved*, That the Chief Clerk of the Assembly transmit copies
- 4 of this resolution to the author for appropriate distribution.

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